

# BEST AVAILABLE COPY

<b>SERIAL NUMBER</b> <p style="text-align: center;">09/128,421</p>	<b>FILING DATE</b> <p style="text-align: center;">09/04/98</p>	<b>CLASS</b> <p style="text-align: center;">367</p>	<b>GROUP ART UNIT</b> <p style="text-align: center;"><del>3642</del> 3602</p>	<b>ATTORNEY DOCKET NO.</b> <p style="text-align: center;">RDINS.033A</p>
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**APPLICANT**

BLAIR H. BRUMLEY, L<sup>2</sup> JOLLA, CA; EUGENE A. TERRAY, FALMOUTH, MA;  
 BRANDON S. STRONG, SAN DIEGO, CA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
**VERIFIED** NONE  
SP

  
  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
**VERIFIED** NONE  
SP

  
  
  
  
  
  
  
  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
**VERIFIED** NONE  
SP

  
  
  
  
  
  
  
  
  
  

**\*\*\*\*\* SMALL ENTITY \*\*\*\*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>SP</u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	<b>STATE OR COUNTRY</b> <p style="text-align: center;">CA</p>	<b>SHEETS DRAWING</b> <p style="text-align: center;">20</p>	<b>TOTAL CLAIMS</b> <p style="text-align: center;">29</p>	<b>INDEPENDENT CLAIMS</b> <p style="text-align: center;">7</p>
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**ADDRESS**

SEE CUSTOMER NUMBER: 020995

  

**TITLE**

SYSTEM AND METHOD FOR MEASURING WAVE DIRECTIONAL SPECTRUM AND WAVE HEIGHT

  

<b>FILING FEE RECEIVED</b>  <p style="text-align: center;">\$723</p>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees           <input type="checkbox"/> 1.16 Fees (Filing)           <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)           <input type="checkbox"/> 1.18 Fees (Issue)           <input type="checkbox"/> Other _____           <input type="checkbox"/> Credit         </div>
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